

EXHIBIT B

SETTLEMENT CLAIM CERTIFICATION

Timothy Stivers v. Office Depot, Inc.

United States District Court for the Western District of Pennsylvania (Case No.: 12-1534)

Instructions: You must complete this Settlement Claim Certification and the enclosed Form W-9 if you want to participate in the settlement that is described in the Notice to Class Members Regarding Pendency of Class Action and Notice of Hearing on Proposed Settlement ("Notice") that accompanies this form, and receive money from this Settlement. The deadline for mailing or submitting this form and the executed Form W-9 is **July 29, 2013** (as evidenced by the postmark). In order to be eligible to receive a payment from the Settlement, you must complete and mail or submit this form and the executed Form W-9 in accordance with the instructions in the Notice.

I. PLEASE PROVIDE ANY CORRECTIONS TO THE FOLLOWING INFORMATION

Office Depot, Inc.'s records show the following contact information for you:

If any of this information is incorrect or out of date, please provide corrections below so that you can participate in the settlement described in this Notice.

Name (first, middle and last): _____
Home Street Address: _____
City, State, Zip Code: _____
Social Security Number: _____

II. YOUR WORK HISTORY AT OFFICE DEPOT IN PENNSYLVANIA

The amount of your settlement payment is described in Section III of the Notice. According to records maintained by Office Depot, your total estimated settlement payment (assuming you properly complete and return this Settlement Claim Certification Form by the deadline) will be between

[\$[minimum amount] and [\$[maximum amount]

(less applicable taxes and withholding), depending on the number of Class Members who elect to participate in this settlement.

III. RELEASE OF CLAIMS

In exchange for my settlement payment, I, on behalf of myself, and each of my heirs, representatives, successors, assigns and attorneys, hereby fully, finally, and forever release and discharge Office Depot and the Office Depot Releasees (as defined in Section III of the Notice) from any and all federal, state and local wage and hour claims, including but not limited to, claims under the Pennsylvania Minimum Wage Act, Pennsylvania Wage Payment and Collection Act, Fair Labor Standards Act, and for unjust enrichment, for any type of relief, including without limitation, claims for wages, overtime damages, unpaid costs, penalties (including, but not limited to, late payment penalties, record keeping penalties, and meal break penalties), premium pay, liquidated damages, punitive damages, interest, attorneys' fees, litigation costs, restitution, and equitable relief, whether known or unknown, which were or could have been asserted in the Lawsuit, for the time period of my employment as an Assistant Store Manager in the Commonwealth of Pennsylvania from the beginning of my employment through May 14, 2013.

IV. MAILING INSTRUCTIONS

If you want to participate and receive a payment from this settlement, please mail this completed Settlement Claim Certification Form and the executed Form W-9 to Class Counsel using the enclosed addressed envelope or at the address, fax or email address listed below. Your fully and properly completed Settlement Claim Certification Form and executed Form W-9 must be postmarked on or before **July 29, 2013** or else you will not receive any payment under this Settlement. The address of Class Counsel for this purpose is:

Berger & Montague, P.C.
Attn: Office Depot Settlement
1622 Locust Street
Philadelphia, PA 19103
Phone: (215) 875-3047
Fax: (215) 875-4604
Email: MKIM@BM.NET

Alternatively, if you are a current Office Depot employee, you may sign and submit the Settlement Claim Certification Form and executed Form W-9 via mail, email or fax to the Director of Employee Relations, Loan Ellis, at 6600 North Military Trail, Boca Raton, Florida 33496, Fax No. (561) 438-7102, email: Loan.Ellis@officedepot.com by **July 29, 2013**. Such Settlement Claim Certification Form and executed Form W-9 shall, in turn, be provided to Class Counsel by the Company or Counsel for the Company.

If you have any questions about completing this Settlement Claim Certification Form, please call Class Counsel at (215) 875-3047.

V. NON-RETALIATION

Pursuant to the Settlement Agreement, Office Depot will not retaliate against you in any manner as a result of your submitting this Settlement Claim Certification Form. In fact, Office Depot encourages you to participate in this settlement and receive your share of the monetary proceeds.

VI. PLEASE SIGN BELOW

I declare that the foregoing statements made by me on this form are true and correct, and that I have read and understand the Notice.

Print or Type Name

Signature

Date